

Certified Teacher Training Application

To submit your application, please print, fill out and mail to:

Sondra Loring, Satya Yoga Center, 6400 Montgomery Street, Rhinebeck, NY 12572.



Contact Info

Name: _____ Email: _____

Street: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____

About You

How long have you been practicing yoga?

Do you have any health-related issues or injuries?
If yes, please describe:

Who do you take classes with and how often?

What postures challenge you the most?

Is there a teacher or teaching style that you prefer?

What are your goals for the training?

Are you currently teaching? If so, what? How often?

How did you hear about the program?

500-Hour Applicants: Where did you get your 200-Hour Certification?

Payment Info

Fee: 200-Hour: \$3,300 500-Hour: \$2,800 Deposit: \$500 **Pay by 8/15 and save \$100**

Payment Amount: \$

Preferred Payment Method (please check one):

Check (make check payable to "Satya Yoga Center")

Credit Card: Visa

Mastercard

Name on Card: _____ Card #: _____

Expiration Date: _____ Security Code: _____

BILLING ADDRESS

Name: _____ Street: _____

City: _____ State: _____ Zip: _____